

**Tennessee Technological University
Ed.S.**

PROPOSED PROGRAM OF STUDY

Student ID / T No. _____

Name _____ Major _____ Proposed Degree _____

	Course Number	Course Description	Where Taken	Date Completed	Sem. Hrs. Credit	Grade
BACKGROUND COURSES Credit not Counted Toward Degree						
TRANSFER CREDIT						
COURSES TAKEN OR TO BE TAKEN at TTU to Count Toward Degree						
Do you anticipate using Human Subjects in your research? YES ____ NO ____						
If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.						
TOTAL Semester Hours Credit to be Counted Toward Degree						

Total semester hours including thesis:
7000 level ____ 6000 level ____ 5000 level ____

APPROVED ADVISORY COMMITTEE:

Chairperson _____ date

Member _____ date

Member _____ date

Member _____ date

Member _____ date

Departmental Chairperson _____ date

Dean of College _____ date

Office of Graduate Studies _____ date

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

APPOINTMENT OF ED.S. ADVISORY COMMITTEE

I certify that I have satisfactorily completed nine semester hours of graduate work and hereby request that the following members of the Graduate Faculty serve on my Graduate Advisory Committee.

Please type or print the names of the graduate faculty you wish to serve on your advisory committee:

_____ , Chairperson

_____ , Member

_____ , Member

_____ , Member

_____ , Member

Student's Signature _____

Student ID / T No. _____

Address _____
Street

City, State, Zip

EMAIL ADDRESS: _____